

REMARKS

Claims 1 – 17 are pending in this application with claims 1 – 5, 9, 10, 12, 14, 15 and 17 being amended by this response.

Claim 1 has been amended to recite that each step of the claimed method is performed “automatically”. Claim 1 is also amended to further define the “activity code” as an “internal activity code” which is “set specific to a particular organization”. The claimed method further defines the step of “preparing said corrected claim data by including a standard activity code from a standard activity code set different to said internal activity code set and facilitating compatible communication between said particular organization and a payer organization for submission to said payer organization for payment”. Independent claims 14 and 17 are similarly amended. Support for these amendments can be found throughout the specification and drawing figures and specifically on page 6, lines 26 – 28, page 8, line 12 – 24 and page 8 line 29 – page 9, line 10. Applicant respectfully submits that no new matter is added by the amendments to claims 1, 14 and 17.

Claim 4 is amended to recite that the received “nonpayment code” is part of “a nonpayment code set” and to further define the step of “translating said interpreted received nonpayment code to said standard activity code compatible with said standard activity code set”. Claim 5 is amended to further recite the step of “translating said interpreted received nonpayment code to an internal activity code wherein said internal activity code set comprises fewer codes than said predetermined nonpayment code set”. Support for the amendments to claims 4 and 5 may be found on page 9, lines 11 – 27 of the specification and elsewhere therein.

Objection to the Drawings

The drawings are objected to for failing to comply with 37 CFR 1.84(p)(5) because they include reference characters not described in the specification and they do not include certain reference characters mentioned in the description.

Replacement Figure 1 is submitted herewith in partial satisfaction of this objection. Replacement Figure 1 is formally amended to remove the reference character “113”. No new matter is added by this formal amendment to Figure 1.

Additionally, the specification is formally amended to correct typographical errors which led to this objection. Specifically, the specification has been amended to

replace all instances of the reference character “415” with the reference character “414” which is shown in Figure 4. The specification is further formally amended to replace all instances of the reference character “703” with the reference character “702” which is shown in Figure 7. Applicant respectfully submits that no new matter is added by these formal amendments to the specification.

The drawings are further objected to because the specification discusses reference numeral “101” on page 16, line 27 and elsewhere but fails to disclose this reference character in the Figures. Applicant respectfully disagrees. Figure 1 includes the “follow up unit” having the reference character “101” associated therewith. Therefore, the “follow up unit 101” is fully described in both the description and the corresponding drawing figures.

In view of the above remarks and amendment to Figure 1, Applicant respectfully submits that the drawings are fully compliant with the requirements of 37 CFR 1.84. Therefore, Applicant respectfully submits the objection has been satisfied and should be withdrawn.

Objection to the Specification

The specification is objected to for failing to provide proper antecedent basis for the subject matter in claim 11. Specifically, the rejection states that the specification lacks antecedent basis for “employing said statistics”. Applicant respectfully disagrees. The specification and drawing figures disclose a “statistical analyzer 106” in Figure 1 for analyzing statistics derived from claim processing. Specifically, on page 10, line 14 – page 11, line 2, the specification clearly discusses various uses for “employing statistics” derived by the statistical analyzer. Therefore, Applicant respectfully submits that the claimed feature has proper antecedent basis as required by 37 CFR 1.75(d)(1) and MPEP §608.01(o). It is further respectfully submitted that this rejection has been satisfied and should be withdrawn.

Rejection of Claims 5 and 12 under 35 USC 112

Claims 5 and 12 are rejected under 35 USC 112, second paragraph as being indefinite for failing to particularly point out and distinctly claim the subject matter which is regarded as the invention.

Claim 5 is amended to recite the “internal activity code set comprises few codes than said predetermined nonpayment code set”. In view of the amendment to claim 5, applicant respectfully submits that the claimed feature complies with 35 USC

112, second paragraph. Applicant further respectfully submits that the rejection of claim 5 has been satisfied and should be withdrawn.

Claim 12 is rejected because the phrase “whether said rejected claim data was denied or rejected” is indefinite because rejected claim data could never be denied. Claim 12 is formally amended to state that the “rejected claim data was accompanied by a denial or rejection notification”. In view of this formal amendment to claim 12, Applicant respectfully submits that the rejection has been satisfied and should be withdrawn.

Rejection of Claims 1- 2, 12 – 14 and 16 – 17 under 35 U.S.C. 102(e)

Claims 1- 2, 12 – 14 and 16 - 17 are rejected under 35 U.S.C. 102(e) as being unpatentable by Provost et al. (U.S. Patent 6,341,265) These claims, as amended, are deemed to be patentable for the reasons given below.

Amended claim 1 recites a method for processing claim data for reimbursement of provision of healthcare to a patient in response to rejection, denial, or lack of response to a submitted claim. An internal activity code is automatically selected from a predetermined internal activity code set specific to a particular organization and includes a plurality of codes identifying processing to be performed concerning rejected claim data in response to a received notification of claim denial or rejection. The selected internal activity code is automatically assigned to rejected claim data associated with the received notification. A task is automatically scheduled. The task includes performing processing concerning the rejected claim data to derive corrected claim data including at least one (a) claim data supplemental to the rejected claim data and (b) amended rejected claim data, in response to the assigned selected internal activity code. Corrected claim data is prepared by including a standard activity code from a standard activity code set different to the internal activity code set and facilitating compatible communication between the particular organization and a payer organization for submission to the payer organization for payment. These features are not shown (or suggested) in Provost.

The method of claim 1 provides an automated workflow processing system for use in obtaining reimbursement for a claim for a previously provided healthcare service that has been rejected, denied or has not yet received a response. The claimed system maximizes the number of payment requests that are paid while minimizing the amount of time spent by employees in attempting to follow-up with payer

organizations to obtain payment for services rendered (Application, page 3, lines 11 – 24). The claimed method automatically selects “internal activity codes” from a set of codes that is “specific to a particular organization” and also includes codes relating to “processing to be performed concerning rejected claim data” when the system is notified that the claim has been rejected or denied. The “internal activity code” is automatically assigned to the “rejected claim data” and the “internal activity code” indicates a task relating to further processing of the “rejected claim data” that is scheduled in response to the “internal activity code”. This advantageously allows for preparation of “corrected claim data” which includes “a standard activity code from a standard activity code set different from said internal activity code set and facilitating **compatible communication** between said particular organization and a payer organization”. The use of an “internal activity code” in combination with a “standard activity code” in preparing “corrected claim data” increases system efficiency.

In contrast to the claimed invention, Provost neither discloses nor suggests the use of an “internal activity code” to **automatically** schedule internal workflow processing, including automatic task scheduling, for use in preparing “corrected claim data”. Furthermore, Provost neither discloses nor suggests using a “standard activity code” that is different from the “internal activity code” to “facilitate[e] compatible communication between” a payer organization and a payee organization as in the present claimed invention. Rather, Provost describes a system for creating and approving a health insurance claim whereby a user of client computer is able to interactively create and communicate a claim with a server which provides immediate feedback informing the user if the claim is in condition to be paid (col. 1, lines 6 – 13). Thus, Provost provides a system that is wholly unlike the present claimed system in both objective and operation.

The Rejection states that the “diagnosis code” and “treatment codes” used by Provost are equivalent to the “activity codes” of the present claimed system. Applicant respectfully disagrees. Specifically, col. 6, lines 2 – 11 of Provost describe a system whereby a user enters a diagnosis code describing a patient diagnosis and treatment code describing a treatment associated with the diagnosis are **manually entered** into the system. The codes used by Provost are not “automatically selected” as in the present claimed invention. Additionally, the operation of the Provost system is wholly unlike the claimed arrangement. In Provost, after the diagnosis and treatment codes are manually entered, they are communicated and checked by a remote system to determine if the claim is in condition to be paid. This is wholly unlike the claimed arrangement which “automatically select[s] an internal activity

code...**in response to a received notification of claim denial or rejection**”. This is fundamentally different than the Provost system which performs an immediate check to determine if the claim could be paid. Unlike Provost, the claimed method provides automated workflow process to allow an organization to obtain payment on a claim that has been rejected or denied. The claimed system operates at an entirely different point along the healthcare payment procurement process than the Provost system. The claimed system seeks to facilitate communication between organizations when an initial claim has been rejected or denied whereas Provost attempts to prevent the denial or rejection from occurring in the first place.

Additionally, the “diagnosis codes” and “treatment codes” in Provost are wholly unlikely and unrelated to the “internal activity code” and “standard activity code” of the present claimed invention. As discussed above, the diagnosis and treatment codes are manually entered into a sample claim by a user who is treating a patient for communication with a remote claim checking system to determine the likelihood that the claim will be paid. Thus, Provost allows for further manual manipulation of codes or other information should the remote system make a negative determination regarding the claim (col. 6, lines 13 – 21). The codes used in Provost are descriptive codes that provide identification of a diagnosis and treatment for a diagnosis. This is entirely unlike and unrelated to both the “internal activity code” and the “standard activity code” used in the present claimed arrangement and thus are not equivalent to one another.

The “internal activity code” is internal to the workflow processing system of an organization and is not needed to be known by an outside organization (see Application, page 9, lines 11 – 26). This codes facilitate further processing using internal codes which are **automatically assigned in response to receipt of a notification of claim denial or rejection**. The codes used by Provost and identified in the rejection as analogous to the activity codes of the claimed invention cannot be equivalent because the codes in Provost **must be transmitted to remote systems** and the determination made by the remote system is entirely dependent on either or both of the diagnosis code and treatment codes.

Applicant further respectfully submits that Provost provides no 35 USC 112 compliant enabling disclosure of the activity of “automatically assigning said selected internal activity code to rejected claim data associated with said received notification” as in the present claimed invention. Rather, Provost in column 4, lines 24 – 27, disclose transmitting information back to the client including data about why the

claim was rejected. Provost fails to disclose assigning a code, in any manner, to rejected claim data. In fact, the Rejection equates the diagnosis and treatment codes as activity codes. Since the codes of Provost are manually entered by a user, the remote system does not and cannot assign diagnosis codes or treatment codes to rejected claim data as the function of the remote system is to determine the state of the manually created claim. Provost would not be able to perform the activities as claimed in claim 1. Transmitting data including why a claim is not in condition to be paid is **NOT** “automatically assigning said selected internal activity code to rejected claim data associated with said received notification” as in the present claimed invention.

Provost also fails to provide enabling disclosure of the step of “automatically scheduling a task comprising performing processing concerning said rejected claim data to derive corrected claim data” as in the present claimed invention. The Rejection erroneously cites column 4, lines 27 – 35 of Provost as disclosing this feature. Rather, the cited section of Provost further defines the information transmitted by the remote system to the client upon determining that a claim is not in proper form for payment. There is no mention of “scheduling a task” for any purpose. Instead Provost provides reasons why the claim failed to assist the client in manual correction of the claim form for re-submission thereof. This is not a “task comprising performing processing...to derive corrected claim data” as in the present claimed invention. Furthermore, the claimed step of “automatically scheduling” is performed “in response to said assigned selected internal activity code”. Provost fails to provide enabling disclosure of “an internal activity code” for use in automatically scheduling internal workflow processing as in the present claimed invention. Therefore, it is respectfully submitted that this feature is neither disclosed nor suggested by Provost.

Provost also fails to provide 35 USC 112 compliant enabling disclosure of “preparing said corrected claim data by including a standard activity code...different to said internal activity code set and facilitating compatible communication between said particular organization and a payer organization for submission to said payer organization for payment” as in the present claimed invention. Rather, the remote server in Provost notifies the client and the client manually changes either or both of the diagnosis and treatment codes in response to information transmitted by the remote system as to why the claim is not in condition for payment (see col. 4, lines 7 – 35). This is not at all the function performed by the present claimed system. Specifically, Provost does not contemplate two systems that are not able to compatibly communicate with one another. Instead, Provost ensures that claims are

in the correct form in response to patient information such as insurance information (col. 4, lines 15 – 16).

Unlike Provost, the claimed system advantageously provides a method for processing the work in process management of activities associated with collecting on unpaid receivable accounts for healthcare enterprises by **automatically** selecting and assigning “internal activity codes” to “rejected claim data” and “automatically scheduling a task...to derive corrected claim data...in response to said assigned internal activity code”. Corrected claim data is prepared and includes “a standard activity code” from a code set different than the “internal activity code” which facilitates “compatible communication between” a payer and payee organizations. Internal activity codes facilitate leveraging of productivity tools (e.g., contract management, eligibility service, patient identification check) that can automatically gather or verify required information and further increase follow-up specificity, allowing PARs (Patient Account Representatives) to be leveraged across accounts, payers, and facilities to improve claim efficiency. Additionally, the “standard activity codes” expedite routing of claims between institutions and organizations. Provost neither discloses nor suggests a system having the claimed combination of features. Thus, as Provost neither discloses nor suggests each feature of the invention as recited in claim 1, it is respectfully submitted that Provost does not anticipate the present claimed invention. Consequently, withdrawal of the rejection under 35 USC 102(e) is respectfully requested.

Claim 2 is dependent on independent claim 1 and is considered patentable for the reasons presented above with respect to claim 1. Claim 2 is also considered patentable because “the predetermined internal activity code set is **different from a set of code identifying a nonpayment reason**”. Column 10, lines 53 – 63 of Provost merely disclose that upon rejecting a claim, the server may transmit a reason for the rejection of the claim. However, as discussed above Provost fails to disclose or suggest “an internal activity code” which is used for automatically scheduling internal workflow for a system wherein the “internal activity code” is **different from** “codes identifying a nonpayment reason”. Provost merely discloses the latter to function as a check mechanism to ensure the claim is submitted properly in the first place. This is entirely different from the claimed system which controls workflow “concerning rejected claim data in response to a received notification of claim denial or rejection”. Thus, the systems are not equivalent. Consequently, withdrawal of the rejection under 35 USC 102(e) is respectfully requested.

Claim 12 is dependent on independent claim 1 and is considered patentable for the reasons presented above with respect to claim 1. Claim 12 is also considered patentable because Provost neither discloses nor suggests the use of “internal activity codes” for controlling operation and scheduling of processing to be performed concerning rejected claim data. Furthermore, Provost is unable to perform the operation set forth in claim 12 because the activity in the claimed arrangement is performed by a different entity or organization. Specifically, Provost clearly states in the cited section and elsewhere, that the remote system makes the determination regarding claim sufficiency. However, the remote system has no part in assigning codes to anything whatsoever. The remove server of Provost makes a determination of claim sufficiency and provides information to the client if the determination is negative so that the client can alter the claim to be in correct form. This is wholly unlike the present claimed method. The “particular organization” automatically selects “a first internal activity code in response to a denial notification and a different second internal activity code in response to a rejection notification”. Provost does not distinguish between rejection and denial because the Provost system aims to prevent an improper claim from being filed in the first place. This is unlike the present claimed invention which distinguishes between “rejection notification” and “denial notification” because they are different responses to a filed claim from a payer organization which may require different further responses from the particular organization. “The difference between denials and rejections is that the payer absolutely will not pay on the payment request for a denial, and that the payer may pay on the payment request for a rejection if the reason for the rejection is corrected. Hence, rejections and denials are segregated by the cashier unit 102, and assigned to the rejection unit 103 or the appeal unit 104 for further investigation and processing.” (see Application, page 8, lines 14 – 19). This distinction is not contemplated by Provost and therefore Provost provides no enabling disclosure to handle “rejection notifications” differently than “denial notifications”. Consequently, withdrawal of the rejection under 35 USC 102(e) is respectfully requested.

Claim 13 is dependent on independent claim 1 and is considered patentable for the reasons presented above with respect to claim 1

Independent claim 14 is considered patentable for the reasons presented above with respect to claim 1.

Claim 16 is dependent on independent claim 14 and is considered patentable for the reasons presented above with respect to claims 1 and 14.

Independent claim 17 is considered patentable for the reasons presented above with respect to claim 1.

In view of the above remarks and amendments to the claims it is respectfully submitted that Provost provides no 35 USC 112 compliant enabling disclosure that makes claims 1, 14 and 17 unpatentable. As claim 2, 12 and 13 are dependent on claim 1 and claim 16 is dependent on claim 14, it is respectfully submitted that these claims are allowable for the same reasons as discussed above regarding claim 1 and 14. It is thus further respectfully submitted that this rejection is satisfied and should be withdrawn.

Rejection of Claims 3- 5 and 15 under 35 U.S.C. 103(a)

Claims 3- 5 and 15 are rejected under 35 U.S.C. 103(a) as being unpatentable over Provost et al. (U.S. Patent 6,341,265) in view of Giannini (U.S. Patent 5,915,241). These claims, as amended, are deemed to be patentable for the reasons given below.

Claim 3 is dependent on independent claim 1 and is considered patentable for the reasons presented above with respect to claim 1. Claim 3 is also considered patentable because Provost (with Giannini) neither disclose nor suggest the use of an “internal activity code” that is selected from a “predetermined internal activity code set. As discussed above, Provost provides no 35 USC 112 compliant enabling disclosure of an “internal activity code” that is “set to a specific organization” as in the present claimed invention.

Giannini describes a system to “standardize, encode and process healthcare provider billing” by “encoding, describing and processing fee charges for specific procedures of **non-conventional medicine**” (col. 1, lines 13 – 22). Giannini is concerned with attempting to correlate and accurately describe alternative medical procedures into data that can be provided to conventional payer organizations (e.g. insurance companies) to increase the likelihood that the claims for these non-conventional medical procedures will be paid (col. 1, lines 23 – 45). Thus, the Giannini system is wholly unlike the present claimed system which “processes claim data for reimbursement of provision of healthcare **in response to rejection, denial, or lack of response to a submitted claim**”. Unlike the present claimed system, Giannini provides a system for creating a claim and calculating payment amount for

the claim based on a formula. Giannini (with Provost) is **not** concerned with “automatically scheduling a task comprising processing concerning rejected claim data to derive corrected claim data...in response to said assigned selected internal activity code” and “preparing said corrected claim data by including a standard activity code...different to said internal activity code set and facilitating compatible communication between said particular organization and a payer organization” as in the present claimed invention. The code employed by Giannini (with Provost) embodies the cost amount of a non-conventional medical procedure for communication with insurance companies. This is wholly unlike the present claimed invention which employs an “internal activity code” for automatic internal scheduling of a task and a “standard activity code” which ensure that the payer and payee (particular organization) are able to communicate with one another to facilitate collection of a claim that has been rejected or denied.

Applicant further respectfully submits that there is no reason or motivation to combine the system disclosed by Provost with the system disclosed by Giannini. Specifically, the Provost system provides for a pre-submission check of a claim for services by a remote system by comparing the diagnosis and treatment code **manually entered by a user** with additional information such as patient insurance information. If a claim is determined to be improper, the remote system notifies the client and the client can make further **manual** modifications to try to correct the claim. The Giannini system, on the other hand, accesses multiple databases to identify, encode and calculate cost of a provider service (col. 4, lines 35 – 46). The combination of the Provost system and the Giannini system would be incompatible and produce an inoperable claim processing system. Since Provost will not accept a claim that will not be paid due to the comparison by the remote system, Provost would not be able to process and allow a claim having a code identifying non-conventional medical treatment that is not typically covered by the insurance plan of the patient. Thus, the Provost system and Giannini system each accomplish distinct and unrelated objectives. Further, the distinct and unrelated objectives of Provost and Giannini are also unlike and unrelated to the objectives and operation of the present claimed invention.

Furthermore, even if one were able to combine the systems of Provost and Giannini, one would still not produce the present invention as claimed. Rather, the combined system would be a claim pre-processing system that notifies a user if a submitted claim for either traditional or non-traditional medical treatment is in condition to be paid by analyzing diagnosis, treatment and an alternative billing code

contained in the claim. Upon determining that the claim is not in condition for payment, a user would be notified to **manually** adjust the claim form for resubmission. This is wholly unlike the present claimed invention which provides a system and method for “processing claim data for reimbursement...in response to rejection, denial, or lack of response to a submitted claim”. Neither Provost alone or in combination with Giannini provide enabling disclosure of such a system. Instead, Provost with Giannini provide a system that attempts to prevent rejection or denial of a claim. Additionally, as discussed above, Provost (with Giannini) neither disclose nor suggest using “an internal activity code” to automatically schedule internal workflow processing intended “to derive corrected claim data”. Provost with Giannini similarly provide no 35 USC 112 compliant enabling disclosure that the “corrected claim data” includes “a standard activity code from a standard activity code set different to said internal activity code set and facilitating compatible communication between said particular organization and a payer organization for submission to said payer organization for payment” as in the present claimed invention.

Claims 4 and 5 are dependent on independent claim 1 and are considered patentable for the reason presented above with respect to claim 1.

Claim 15 is dependent on independent claim 14 and is considered patentable for the reason presented above with respect to claim 1 and 14.

In view of the above remarks and amendments to the claims it is respectfully submitted that Provost provides no 35 USC 112 compliant enabling disclosure that makes claims 1 and 14 unpatentable. As claim 3 - 5 are dependent on claim 1 and claim 15 is dependent on claim 14, it is respectfully submitted that these claims are allowable for the same reasons as discussed above regarding claim 1 and 14. It is thus further respectfully submitted that this rejection is satisfied and should be withdrawn.

Rejection of Claims 6 - 10 under 35 U.S.C. 103(a)

Claims 6 – 10 are rejected under 35 U.S.C. 103(a) as being unpatentable over Provost et al. (U.S. Patent 6,341,265) in view of Diamant (U.S. Patent 5,530,861). These claims, as amended, are deemed to be patentable for the reasons given below.

Claims 6 – 10 are dependent on independent claim 1 and are considered patentable for the reasons presented above with respect to claim 1. Claims 6 – 10 are also considered patentable because Provost with Diamant neither disclose nor suggest using “an internal activity code” to automatically schedule internal workflow

processing intended “to derive corrected claim data”. Provost with Diamant similarly provide no 35 USC 112 compliant enabling disclosure that the “corrected claim data” includes “a standard activity code from a standard activity code set different to said internal activity code set and facilitating compatible communication between said particular organization and a payer organization for submission to said payer organization for payment” as in the present claimed invention.

Diamant discloses an automatic task management system for performing project tasks (see Abstract). Applicant respectfully submits that there is no motivation to combine the system disclosed by Diamant with the system disclosed by Provost because there is no enabling disclosure in Provost for automatic task management. Rather, Provost requires a user **manually enter codes** which are then checked to determine if an insurance claim is in proper form for payment prior to submission. If the claim is not in proper form, the user is notified to **manually adjust** the claim form based on suggestions presented by a remote system. Thus, there is no 35 USC 112 compliant enabling disclosure in Provost to modify the Provost system with the automated task management system of Diamant. Additionally, these system are non-analogous art and one skilled in the art would not seek to combine an insurance claim pre-processing system as taught by Provost with an automatic task management system as taught by Diamant.

Furthermore, if one were to combine these systems, the resultant system would not include a system and method for “processing claim data for reimbursement of provision of healthcare to a patient in response to rejection, denial or lack of response to a submitted claim” as in the present claimed invention. In fact, in view of the remarks above with respect to claim 1, the Provost system would not allow a claim through unless it was in proper form and would not need to employ the features of the claimed arrangement to obtain insurance reimbursement. Thus, Provost (with Diamant) neither discloses nor suggest using “an internal activity code” to automatically schedule internal workflow processing intended “to derive corrected claim data”. Provost with Diamant similarly provide no 35 USC 112 compliant enabling disclosure that the “corrected claim data” includes “a standard activity code from a standard activity code set different to said internal activity code set and facilitating compatible communication between said particular organization and a payer organization for submission to said payer organization for payment” as in the present claimed invention.

In view of the above remarks and amendments to the claims it is respectfully submitted that Provost provides no 35 USC 112 compliant enabling disclosure that makes claim 1 unpatentable. As claim 6 - 10 are dependent on claim 1, it is respectfully submitted that these claims are allowable for the same reasons as discussed above regarding claim 1. It is thus further respectfully submitted that this rejection is satisfied and should be withdrawn.

Consequently withdrawal of the Rejection of claims 1-24 is respectfully requested.

Having fully addressed the Examiner's rejections, it is believed that, in view of the preceding amendments and remarks, this application stands in condition for allowance. Accordingly then, reconsideration and allowance are respectfully solicited. If, however, the Examiner is of the opinion that such action cannot be taken, the Examiner is invited to contact the applicant's attorney at the phone number below, so that a mutually convenient date and time for a telephonic interview may be scheduled.

Respectfully submitted,



Date: February 1, 2007

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